

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 11/26/2013
FORM APPROVED
OMB NO. 0938-0391

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|--|---|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175413 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 11/26/2013 | |
| NAME OF PROVIDER OR SUPPLIER MEDICALDGES PAOLA | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 501 ASSEMBLY LANE PAOLA, KS 66071 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 000 | INITIAL COMMENTS | | | F 000 | | | |
| F 431 SS=E | <p>The following citations represent the findings of a health resurvey and complaint investigations #69598, 70548, and 70640.</p> <p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> | | | F 431 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 431 | <p>Continued From page 1</p> <p>This Requirement is not met as evidenced by: The facility identified a census of 86 residents. Based on observation, record review, and interview, the facility failed to monitor expiration dates, failed to administer medications in accordance to standards of practice, and failed to maintain accurate reconciliation of discontinued medications to be sent back to the pharmacy.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Observation on 11/19/13 at 10:00 am, revealed the south hall medication cart contained a bottle of Simethicone 80 mg (milligram) tablets that expired 10/13, with 6 tablets remaining. The top of the bottle had a bright pink sticker with 13 written on it. The chart above the mediation cart revealed pink was for October and the number written on it was the year the medication expired. On 11/19/13 at 10:25 am, the north hall medication cart contained a bottle of Vitamin E that expired 8/13 and was 3/4 full. On 11/19/13 at 10:00 am, direct care staff C revealed, "It has just been missed because we have this sign that shows the expiration date of the bottle. It is color coded by the months and then the year is written on the sticker." On 11/19/13 at 10:25 am, direct care staff B reported, "It was just overlooked." On 11/26/13 at 8:33 am, administrative nursing staff A reported, "The medication aides routinely check them [medications] to make sure they are not outdated. They should do it every shift. We have a medication aide check sheet at the desk." | F 431 | | | |

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| F 431 | <p>Continued From page 2</p> <p>On 11/26/13 at 8:49 am, administrative nursing staff A revealed one resident takes Simethicone and per signed physician orders, dated 9/30/13, the resident takes it BID (twice a day). Staff A also identified one resident takes Vitamin E daily, per signed physician orders, dated 9/30/13.</p> <p>The facility procedure, not dated, for Prevention of Expired Meds/Products revealed, "...Medication bottles/packages will be marked with a colored sticker representing the MONTH in which the item will expire. Each month will have a different colored sticker. The year in which the item will expire will be written on the sticker. It will be the responsibility of the CMA [certified medication aide]/nurse passing meds to check for expired meds. For example: Meds that expire in May of this year need to be removed from med cart/storage areas by the last day of April..."</p> <p>Furthermore, on 11/19/13 at 10:25 am, observation revealed, in the top drawer of the medication cart, 5 plastic medication cups that were set-up prior to administration. Four of the cups had initials written on them and one was blank.</p> <p>On 11/26/13 at 10:25 am, direct care staff B reported, "Some of them don't like to wait for their medications, I do this to give it to them quick."</p> <p>On 11/26/13 at 8:33 am, administrative nursing staff A reported, "They are not supposed to set up meds ahead of time."</p> <p>The facility policy and procedure, dated 12/12, for Medication Administration revealed, "...Medications are to be administered at the time they are prepared..."</p> | F 431 | | | |

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| F 431 | <p>Continued From page 3</p> <p>Also, on 11/19/13 at 10:30 am, observation revealed a large plastic tub in the medication room which several unit does medication cards present. These medications lacked any documentation of why or when these medications were discontinued or a count of how many were present. The medications had fill dates ranging from October, 2013 to November, 2013. The container held the following medications for 5 residents as follows:</p> <p>Olanzapine (Zyprexa) 10 mg, 30 tabs Risperidone 2 mg, 3 tabs Melatonin 3 mg, 3 tabs Risperidone 2 mg, 3 tabs Olanzapine 20 mg, 3 tabs Levothyroxine 50 mcg, 27 tabs Furosemide 20 mg, 13 tabs Carbamazepine chew 100 mg, 81 tabs Loratadine 10 mg, 27 tabs Ibuprofen 400 mg, 30 tabs Loratadine 10 mg, 28 tabs Lamotrigine 100 mg, 5 tabs</p> <p>On 11/19/13 at 10:30 am, direct care staff B revealed, "I think I am the only one that fills out the papers for the medications going back to the pharmacy. I will put the meds on sheets when I get a chance to do it."</p> <p>On 11/26/13 at 8:33 am, administrative nursing staff A reported, "When meds are pulled, there is a box that they go in and a form is filled out before they go back to the pharmacy. We don't really have a set time to fill it out."</p> <p>The facility lacked a policy and procedure to address discontinued medications.</p> <p>The facility failed to monitor for expiration dates</p> | F 431 | | | |

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| F 431 | Continued From page 4 on stock medications, failed to administer medications in accordance to standards of practice, and failed to appropriately and accurately reconcile discontinued medications for the resident's of the facility. | F 431 | | | |